

DISCLOSURE SUMMARY PAGE

Reset Form

**FORM
DR-2**

(Rev. 05/2002)

DISCLOSURE
REPORT**COMMITTEE NAME** (Must be same as on Statement of Organization)Committee to Elect Pamela S. Calfee**IMPORTANT:** Indicate type of committee you are reporting for: ☐

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
 (8) Support State of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name

Pamela S. Calfee

Political Party

Democrat

Office Sought

Taylor County Recorder

District (if Senate or House)

For Office Use Only

Comm. #

17480Indexed SW

Audited

Computer

JAN 13 2003

Pamela S. Calfee

SIGNATURE OF TREASURER (or person filing this report)

712-537-2216

TELEPHONE

12-11-02

DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A _____ REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate one ☐☐ CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
 (You must continue to file reports until a Notice of Dissolution is filed.)

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 00**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

320.00

Schedule F: Loans Received total (Attach Schedule F)

00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

00(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) ...

320.00

Schedule F: Loan Repayments total (Attach Schedule F)

00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 00****UNPAID BILLS** (From Schedule D - Attach Schedule D)\$ 00***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)\$ 818.06****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)\$ 00**CANDIDATE COMMITTEES ONLY:****CONSULTANT BREAKDOWN** (Schedule G Attached?)☐ YES ☒ NO**VALUE OF CAMPAIGN PROPERTY** (From Schedule H - Attach Schedule H)\$ 00

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Pamela S. Calfee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/26/02	ID# CK#	Irene S. Tobin 2056 Forest Avenue New Market, IA. 51646		\$ 50 ⁰⁰	<input type="checkbox"/>
8/26/02	ID# CK#	Taylor County Democratic Women		\$ 100 ⁰⁰	<input type="checkbox"/>
9/24/02	ID# CK#	Taylor County Central Committee		\$ 100 ⁰⁰	<input type="checkbox"/>
9/30/02	ID# CK#	Dick & Helen Rogers 2128 - 3104 street Bedford, IA. 50833		\$ 50 ⁰⁰	<input type="checkbox"/>
9/24/02	ID# CK#	John Roberts 1205 Central Avenue Bedford, IA 50833		\$ 20 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 320 ⁰⁰	
TOTAL (if last page of this schedule)				\$ 320 ⁰⁰	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Pamela S. Calfee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/13/02	ID# CK#	Print Shop P.O. Box 241 Corning, IA. 50841	cards and note pads	\$133.85
10/11/02	ID# CK#	Print Shop P.O. Box 241 Corning, IA 50841	note pads	84.00
10/25/02	ID# CK#	Clarinda Herald Journal 205 East main Clarinda, IA. 51642	newspaper ads	44.00
10/25/02	ID# CK#	Baker Graphics 809 Madison Street Bedford, IA. 50833	designed 8 1/2" by 11" mailing and paper	43.64
12/11/02	ID# CK#	Bedford Times-Press 313 main Street Bedford, IA 50833	newspaper ad	14.51
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$320.00
TOTAL (if last page of this schedule)				\$320.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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(for Schedule B)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Pamela S. Calfee

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN KIND
CONTRIBUTIONS☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
3/29/02	self		thank-you ad	\$ 25.50	<input type="checkbox"/>
6/12/02	self		thank-you ad	17.00	<input type="checkbox"/>
6/11/02	self		newspaper ad	35.06	<input type="checkbox"/>
8/12/02	self		registered voter list	11.00	<input type="checkbox"/>
7/18/02	self		balloons for parade	17.06	<input type="checkbox"/>
6/27/02	self		candy for parade	39.52	<input type="checkbox"/>
9/12/02	self		paint for signs	22.08	<input type="checkbox"/>
8/21/02	self		Campaign signs	150.00	<input type="checkbox"/>
7/1/02	self		names put on tee shirts	8.92	<input type="checkbox"/>
10/18/02	self		newspaper ad	33.00	<input type="checkbox"/>

SUB-TOTAL

\$
359.14TOTAL (if last
page of this
schedule)

\$

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Pamela S. Calfee

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SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/18/02	Self		newspaper ad	\$ 107.60	<input type="checkbox"/>
10/24/02	self		postage for mailing	168.70	<input type="checkbox"/>
12/11/02	self		newspaper ad	157.62	<input type="checkbox"/>
10/24/02	Glenda Stockwell		used her copier for my brochures	25.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 458.92

 TOTAL (if last
page of this
schedule) \$ 818.06

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(for Schedule E)